

Cabinet/Department/Division: _____

Contact Person: _____

E-mail Address: _____

Hours worked without experiencing lost time: _____

Date of last lost time incident: _____

Annual Signed 300 log(s) and 300A summary attached: _____

Submitted by	Title	date
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Mail complete application and attachments to:

Personnel Cabinet
State Safety Program
Attn: Scott Gasser
501 High Street, 3rd Floor
Frankfort, KY 40601